

**Title: BILH SARS-CoV-2 PCR Testing Prioritization Strategy for Patients and Staff**

**Purpose:** To outline prioritization of testing for SARS-CoV-2 by routine nasopharyngeal PCR among symptomatic patients and healthcare personnel, as well as populations for asymptomatic screening.

**Guideline Statement:** COVID-19 is caused by the virus SARS-CoV-2. Due to anticipated volume of SARS-CoV-2 testing needs, tests will be prioritized by risk to other patients and staff, to the individual patient and necessary turnaround time in order to facilitate urgent management.

**Please maintain Droplet Precautions with eye protection and Contact Precautions for inpatients while a diagnosis of COVID-19 is being considered (Private Room Required)**

Priority Level	Type of Patient	Lab
1	<p><b>Symptomatic</b> patients:</p> <ul style="list-style-type: none"> <li>Inpatients</li> <li>ED patients with planned admission</li> <li>Pregnant persons of any gestational age</li> </ul> <p><b>Asymptomatic</b> patients:</p> <ul style="list-style-type: none"> <li>Pregnant persons within expectation of delivery in the next 48 hours or on admission</li> <li>Patients admitted <b>from</b> high-risk congregate settings (i.e., nursing homes, skilled nursing facilities, homeless shelters, group homes)</li> <li>Patients getting admitted <b>to</b> inpatient psychiatric unit</li> <li>Patients requiring admission for cytotoxic chemotherapy, solid organ or stem cell transplant, long acting biologic therapy, cellular immunotherapy or high-dose corticosteroids (Add definition of high-dose)<sup>1</sup></li> <li>Inpatients with close contact of a person with confirmed COVID-19<sup>2</sup></li> </ul>	BIDMC
2	<b>Symptomatic</b> healthcare personnel, including first responders	BIDMC
3	<p><b>Symptomatic</b> outpatients with high-risk healthcare contact:</p> <ul style="list-style-type: none"> <li>Patients receiving hemodialysis at a dialysis center</li> <li>Patients receiving infusions at a hospital-based practice or home infusion with VNA</li> <li>Patients receiving chemotherapy with a high likelihood of admission</li> <li>Patients receiving radiation therapy</li> <li>Patients on the transplant list or with a history of solid organ transplant or bone marrow transplant within the last year</li> <li>Patients with ventricular assist devices</li> </ul> <p><b>Asymptomatic</b> patients:</p> <ul style="list-style-type: none"> <li>Patients 48-72 hours prior to all scheduled operative procedures</li> <li>Patients 48-72 hours prior to scheduled high-risk non-operative procedures<sup>3</sup></li> <li>Outpatients 48-72 hours prior to initial receipt of cytotoxic chemotherapy, solid organ or stem cell transplant, long acting biologic therapy, cellular immunotherapy or high-dose corticosteroids (Add definition of high-dose)<sup>1,4</sup></li> </ul>	BIDMC
4	<p><b>Symptomatic</b> patients from:</p> <ul style="list-style-type: none"> <li>Congregate settings as outpatients (nursing homes, homeless shelters, group homes, dormitories, etc.)</li> <li>Densely populated communities with known clusters of infection (i.e. Chelsea, Dorchester, Brockton)</li> </ul>	Commercial Lab
5	<p><b>Symptomatic</b> outpatients with other high-risk conditions <i>without</i> high-risk healthcare contact:</p> <ul style="list-style-type: none"> <li>Chronic lung (such as asthma, chronic obstructive pulmonary disease [COPD] and cystic fibrosis)</li> <li>Endocrine (such as diabetes mellitus)</li> <li>Cardiac disease (e.g. congenital heart disease, congestive heart failure and coronary artery disease)</li> <li>Hematologic malignancy</li> <li>Immunosuppression (due to disease or medication)</li> <li>Liver disease</li> <li>Chronic kidney disease (other than on hemodialysis)</li> <li>Age&gt;60</li> <li>Extreme obesity (BMI ≥ 40)</li> <li>Household contact of an immunocompromised host</li> </ul>	Commercial Lab
6	<p><b>Symptomatic</b> outpatients not included above</p> <p><b>Asymptomatic</b> outpatients with close contact of a person with confirmed COVID-19<sup>2</sup></p>	Commercial Lab

## **Definitions**

<sup>1</sup>**High-dose corticosteroids:** Prednisone  $\geq 15$  mg/day (or equivalent) x 28 days or more

### <sup>2</sup>**Close Contact is defined as:**

- a) *being within approximately 6 feet of a COVID-19 case for  $\geq 10$  minutes; close contact can occur while caring for, living with or visiting with a person with confirmed COVID-19 (without wearing a mask)*  
OR
- b) *having direct contact with infectious secretions of a person with confirmed COVID-19 (e.g. being coughed on without eye protection and mask)*

### <sup>3</sup>**High-risk non-operative procedures (see [BILH guideline](#) for additional details/definitions):**

- GI procedures
  - Upper endoscopy
  - Endoscopic Retrograde Cholangiopancreatography (ERCP)
  - Endoscopic Ultrasound (EUS)
  - Colonoscopy
- Cardiac procedures
  - Transesophageal echocardiogram (TEE)
  - Pacemaker placement
  - Cardiac catheterization
- Pulmonary procedures performed outside of the OR
  - Interventional pulmonary (IP) procedures
  - Bronchoscopy
- Electroconvulsive therapy (ECT)
- Interventional radiology procedures (thoracentesis, lung biopsy, chest tube placement)

<sup>4</sup>Outpatients should receive a single COVID-19 PCR prior to initial receipt of cytotoxic chemotherapy, solid organ or stem cell transplant, long acting biologic therapy, cellular immunotherapy or high-dose corticosteroids.<sup>1</sup> It is reasonable to obtain a concurrent COVID-19 IgG as part of the initial screen. There are no recommendations to obtain serial screening of PCR or serology for asymptomatic patients with serial or ongoing receipt of immunosuppression. Symptom screening should be continued, and further testing obtained if symptoms develop.